

**CALIFORNIA ARCHITECTS BOARD
LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE**

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E-mail: latc@dca.ca.gov Web: www.latc.ca.gov

State of California
Department of Consumer Affairs
Arnold Schwarzenegger, Governor



ELIGIBILITY/EXAMINATION APPLICATION FOR FIRST-TIME CANDIDATES

All first-time California candidates are required to complete this application and submit it to the LATC, along with sealed/official transcripts, Certificate(s) of Applicant's Experience and Qualifications, and applicable fees. Application materials must be postmarked by the applicable deadline posted on the LATC's Web site at www.latc.ca.gov. Candidates who meet California's eligibility requirements will be scheduled for Sections C and/or E, if applying, and will be issued a Notice of Eligibility for purposes of registering for Sections A, B and/or D with CLARB. Registration for Sections A, B, and D must be done on-line at www.clarb.org.

TYPE OR PRINT CLEARLY IN INK

NAME: _____
(LAST) (FIRST) (MIDDLE)

KNOWN BY ANY OTHER NAME: _____
(INCLUDE MAIDEN NAME)

ADDRESS: _____
(NUMBER AND STREET)

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: () HOME PHONE: ()

BIRTHDATE (MONTH / DAY / YEAR): ____ / ____ / ____ SEX: ☐ MALE ☐ FEMALE

SOCIAL SECURITY #: _____ EXAM LOCATION PREFERENCE:
(See disclosure statement on Page 3) ☐ NORTHERN ☐ SOUTHERN

SECTIONS AVAILABLE	Fee	Check if Applying	Fee Included
This Application must be postmarked no later than the applicable deadline . Applications postmarked after the deadline will be reviewed for the next administration of the examination. Check with the LATC office or Web site listed above for applicable deadlines.			
The Application Evaluation Fee is required and must be included with this Application. This fee is non-refundable pursuant to Business and Professions Code Section 158	\$ 35.00	Required	\$ 35.00
Section C - Planning and Site Design	\$210.00		
Section E - Grading, Drainage and Storm Water Management	\$210.00		
California Supplemental Examination (CSE) - the CSE is required of all California candidates (after successful completion of the LARE) and all reciprocal candidates. If paid in advance, a credit will be maintained by the LATC until a candidate is eligible.	\$ 35.00		
Payment must be included with Application: • Money order, cashiers check or personal check must be made payable to the Landscape Architects Technical Committee (LATC). Credit cards are not accepted.			\$

For Official Use Only	Receipt #	Date Received	Amount Received
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Have you ever been licensed to practice landscape architecture?

☐ Yes ☐ No

If yes, list the name of the state or country, license number and expiration date:

Have you ever had a landscape architect license denied, suspended, or revoked in any state or country? ☐ Yes ☐ No

If yes, please explain below.

EDUCATION:

High School Graduate: ☐ Yes ☐ No Date Graduated: _____

A Masters, Bachelors, Associate degree or an Extension Certificate in **Landscape Architecture** is required to be eligible for the licensing examination, in addition to training/experience.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	DEGREE RECEIVED	DATE RECEIVED	OFFICE USE

EXPERIENCE:

List dates of employment in chronological order, starting with the most recent. List only employment actually spent in landscape architecture, architecture, civil engineering or self-employment as a licensed landscape contractor. Each entry must be supported with a "Certificate of Applicant's Experience and Qualifications" form. If you were/are a self-employed licensed landscape contractor, a Certificate of Applicant's Experience and Qualifications is not required for that time period. However a copy of your license is required.

PERIOD OF EMPLOYMENT	COMPANY/BUSINESS NAME, ADDRESS AND TELEPHONE NUMBER	NAME AND LICENSE # OF DIRECT SUPERVISOR	OFFICE USE
FROM _____ TO _____ ____/____/____ ____/____/____ TOTAL: YR. ____ MO. ____ FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____			
FROM _____ TO _____ ____/____/____ ____/____/____ TOTAL: YR. ____ MO. ____ FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____			
FROM _____ TO _____ ____/____/____ ____/____/____ TOTAL: YR. ____ MO. ____ FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____			

FROM ____/____/____	TO ____/____/____		
TOTAL: YR.____ MO.____			
FULL-TIME____ PART-TIME____			
HOURS PER WEEK: _____			
FROM ____/____/____	TO ____/____/____		
TOTAL: YR.____ MO.____			
FULL-TIME____ PART-TIME____			
HOURS PER WEEK: _____			

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please explain below.

Convictions dismissed under Section 1203.4 of the Penal Code must be shown. However, **you may omit:**

- ◆ Any traffic infraction for which the fine imposed was \$300 or less.
- ◆ Any offense which was adjudicated in a juvenile court or under a youth offender law.
- ◆ Any incident that has been sealed or disposed of under Welfare and Institutions Code Section 781 or Penal Code Sections 1000.5 or 1203.45

ALL OTHER CONVICTIONS MUST BE DISCLOSED

Indicate the date and place of the arrest, name of the court, court case number, code section violated, a brief explanation of the offense, and the sentence imposed. If convicted under another name, please indicate other name.

Have you ever been disciplined by another public agency? ☐ Yes ☐ No If yes, please explain below.

*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

I certify under penalty of perjury under the laws of the State of California that the information contained in this application is true and correct.

Signature: _____ Date: _____

The information requested on this application is required under Sections 5630, 5650, 5651, and 5652 of the Business and Professions Code. All items are mandatory. The information provided will be used to determine qualifications for licensure. The Executive Officer of the Board is responsible for information maintenance.

INSTRUCTIONS FOR SUBMITTING APPLICATION:

The following documentation must be received by the LATC prior to the Application being reviewed:

1. Application evaluation fee of \$35.00
2. Fee for Sections C and/or E, if applicable
3. Sealed/Official school transcripts
4. Certificate(s) of Applicant's Experience and Qualifications
5. If applicable, reasonable accommodation request and all required documentation.

The LATC recognizes its responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations for applicants who can substantiate the need for accommodations. A Reasonable Accommodations Request Form is available upon request or may be downloaded at www.latc.ca.gov. The request must be submitted along with this application.

Applications will not be considered until all information has been received. It is the candidate's responsibility to ensure that the entire packet is complete and postmarked by the applicable deadline. Once approved, a candidate will be scheduled for Sections C and/or E, if applicable and will be issued a Notice of Eligibility for purposes of registering for Sections A, B, and/or D with CLARB.